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Patent  
4023-1004

IN THE U. S. PATENT AND TRADEMARK OFFICE

In re application of

Remy KIRCHDOERFFER et al.

Conf. 3191

Application No. 10/698,475

Group 2632

Filed: November 3, 2003

Examiner Travis R. Hunnings

TITLE: PROXIMITY SWITCH WITH DISPLAY  
MEANS AND APPLICATION PROCESS  
OF SUCH A SWITCH

LETTER SUBMITTING SUPPLEMENTAL APPLICATION DATA SHEET

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

June 9, 2005

Sir:

We enclose herewith the substitute Application Data Sheet (ADS), changing the attorney docket number from 0514-1131 to 4023-1004. No new matter is added.

Respectfully submitted,

YOUNG & THOMPSON

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RJP/jlw



Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: PROXIMITY SWITCH WITH DISPLAY  
MEANS AND APPLICATION PROCESS  
OF SUCH A SWITCH  
Attorney Docket Number:: 0514-1131 4023-1004  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 3  
Small Entity?: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: No  
Appl.?:

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
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City of Mailing Address:: REICHSHOFFEN  
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Applicant Authority Type:: Inventor  
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**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPEAN	02360183.4	6/19/02	No

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::